Indiana Family and Social Services Administration Division of Mental Health and Addiction

Consultative Clinical and Therapeutic Services Provider Certification

Name of Agency:				Date:
Yes	No	N/A	CMHC that is certified by the Division of Mental Health and Addie	ction (DMHA).
Yes	No	N/A	Approved accreditation by a nationally recognized accrediting bod that apply: AAAHC, COA, URAC, CARF, ACA, JCAHO, or NCC	·
The agency's individual or individual provider must meet the following licensure requirements:				
Name Yes	of Indiv No	vidual:	Γ	Date:
		HSPP as defined in IC 25-33-1; or Marriage and Family Therapist; Clinical Social Worker; or Mental Health Counselor under IC 25-23.6 Please provide copy of licensure		
		Completion of DMHA approved training program on the following topics: Introduction to System of Care values and philosophy – Date completed: Name of Training: Name of person or agency that provided training:		
		Date con Name	pation on a Child and Family Team or Training on same subjeompleted: of Training or Facilitator observed: of person or agency that provided training:	ct–

Please submit this form and copies of required documentation to the CA-PRTF Team at DMHA. Agencies are expected to maintain documentation of employee's qualifications on site and have copies available when DMHA staff complete audits.

DMHA is responsible for verifying an individual or agency meets the above qualifications initially and at renewal of license or accreditation.